



Unannounced Care Inspection Report 23 September 2019



Croaghpatrick

Type of Service: Nursing Home

Address: Miller Hill, 235 Millisle Road, Donaghadee, BT21 0LN

Tel No: 02891888383

Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 67 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Wilhelmina Anne Devoy – 1 April 2005
Person in charge at the time of inspection: Anne Devoy	Number of registered places: 67
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 55

4.0 Inspection summary

An unannounced inspection took place on 23 September 2019 from 10.00 hours to 17.55 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Croaghpatrick which provides nursing care.

The inspection assessed progress with areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management, communication between patients, staff and other professionals and the home's environment. There were examples of good practice found in relation to the culture and ethos of the home, regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified to ensure that patients have access to the nurse call system, regarding the secure storage of patients' records and information, that medication and supplements prescribed for patients is stored safely in a secure place and in relation to the timely delivery of patient centred care.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	3

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Anne Devoy, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 4 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are also included within this report.

The following records were examined during the inspection:

- duty rota for all staff from 16 to 29 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- two patient care records
- seven patient care charts including daily care charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 25 July to 29 August 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (c) Stated: First time	The registered person shall ensure that fire exits are kept clear and are free from obstruction.	Not met
	Observation of an identified fire exit on the ground floor and discussion with the registered manager evidenced that a wheelchair was stored in front of the fire exit that would cause an obstruction should the home need to be evacuated safely in the event of an emergency. This area for improvement has not been met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44.1 Stated: First time	The registered person shall ensure that floor tiles in an identified toilet on the premises, are well maintained to an acceptable standard in accordance with infection control best practice.	Met
	Observation of an identified toilet on the premises and discussion with the registered manager evidenced that floor tiles had been repaired and are well maintained to an acceptable standard in accordance with infection control best practice. This improvement has been met.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 16 to 29 September 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The registered manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Croaghpatrick. We also sought the opinion of patients on staffing via questionnaires. Eight questionnaires were returned and indicated they were satisfied that there are enough staff to help.

We sought relatives' opinion on staffing via questionnaires. One questionnaire was returned within the timescale specified and indicated they were satisfied that staff had 'enough time to care'.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2019 evidenced that staff had attended training regarding care of medication, adult safeguarding, control of substances hazardous to health (COSHH), first aid and fire training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager is identified as the safeguarding champion.

We reviewed accidents/incidents records from 21 March to 27 July 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and generally clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

It was noted that three communal areas lacked the provision of nurse call leads. This was highlighted to the registered manager as patients must have access to the nurse call system, as appropriate. An area for improvement was identified.

Observation of two identified refrigerators on the first floor of the home evidenced that they required to be cleaned and that food and drinks stored had been left uncovered. This was discussed with the registered manager who advised after inspection, that both refrigerators had been cleaned and the food and drinks had been removed.

On inspection of the first floor we observed an accessible room containing patient records which were not securely stored. This does not adhere to management of records in accordance with legislative requirements and best practice guidance. This was discussed with the manager and an area for improvement under standards was identified.

An identified fire exit on the ground floor was observed to have a wheelchair stored in front of the fire exit that would cause an obstruction should the home need to be evacuated safely in the event of an emergency. Access to a fire extinguisher on the first floor was obstructed by a table. This was discussed with the registered manager who addressed these concerns without delay to ensure the safety and wellbeing of the patients in the home. An area for improvement under regulation was identified for the second time.

It was noted that the closer device on the dining room door on the first floor was faulty and the door was unable to close properly. This was discussed with the registered manager who advised after inspection that the closer device has been tightened and is now fully functional.

Observation of the library area on the ground floor evidenced that six pharmacy boxes containing the monthly order of prescribed supplements and tins of food thickening agents for patients on modified diets were easily accessible and not stored securely. This could cause potential risk to the health and welfare of patients. This was discussed with the registered manager and an area for improvement under regulation was identified.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, adult safeguarding and the home's environment.

Areas for improvement

Three new areas for improvement were identified to ensure that patients have access to the nurse call system, the secure storage of patients' records and information and that medication and supplements prescribed for patients is stored safely in a secure place.

	Regulations	Standards
Total number of areas for improvement	1	2

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

Observation of seven patient daily care charts and repositioning charts evidenced that they were well maintained.

We reviewed the management of restrictive practice. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of bed rails. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in the dining room on the ground floor. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection in the effective domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were generally observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect.

Patients' needs and requests for assistance were generally observed to have been met in a timely and caring manner. However, a substantial delay was observed for a patient who was calling for assistance with basic care. Staff were slow to respond to meet the patient's individual person centred care needs in a timely way to promote dignity. This was brought to the attention of the registered manager who advised she would address the concern with staff. An area for improvement was identified.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Words cannot express my heartfelt thanks to all of you."

"The staff are wonderful and dedicated individuals. Much appreciated."

"Thank you so much for your care and attention over the past few months."

During the inspection the inspector met with ten patients, small groups of patients in the dining room and lounges, one patient's relative and four staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Croaghpatrick. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Nine questionnaires were returned and indicated they were very satisfied that care is compassionate.

Four patients commented:

"I find they're (staff) very good. I've never seen anybody being nasty with a patient or anything."

"I cannot speak high enough about this place. If you have to be looked after somewhere this is the place to be. They are a wonderful bunch. Lovely people."

“Anybody I have dealt with, so far they’re very friendly. I don’t feel any lack of help with them. The food is pretty good.”

“They work very hard. It does get very lonely. I like chatting with the girls.”

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home.

Areas for improvement

An area for improvement was identified regarding the timely delivery of person centred care by staff in order to ensure human and individual rights are respected to promote patient dignity.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding wounds, falls and complaints.

Discussion with the registered manager and review of records from 25 July to 29 August 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The registered manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne Devoy, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: Second time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that fire exits are kept clear and are free from obstruction.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff have attended fire training updates and are reminded to be vigilant of wheelchairs parked in the corridor and potentially blocking a fire exit. This will be monitored during the daily walkabout audit.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that medication and supplements prescribed for patients is stored safely in a secure place at all times in order to protect the health and welfare of patients.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The pharmacy order from Boots will be delivered to the nurse's office where it can be securely stored until checked and put away.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard E8</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that all patients have access to a nurse call system, as appropriate.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The missing nurse call leads have been replaced in the 3 lounges and regular checks via the daily walkabout audit to ensure they are not removed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The food and fluid charts are stored in a locked office and staff have been reminded not to leave them unattended in a public area. This will be monitored via the daily walkabout audit.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that residents' human and individual rights are respected in relation to the timely delivery of person centred care in order to promote dignity.</p> <hr/> <p>Response by registered person detailing the actions taken: Staff continue to endeavour to answer nurse call buzzers as promptly as possible. This will be monitored by the Home Manager during the daily walkabout.</p>
--	--

Please ensure this document is completed in full and returned via Web Portal



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care